PART B - FEE(S) TRANSMITTAL

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indicated unless correct maintenance fee notifica	ted below or directed otl	herwise in Block 1, by (a	a) specifying a new cor	respondence address	; and/o	r (b) indicating a sepa	arate "FEE ADDRESS" for
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28765		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
WINSTON & PATENT DEPA 1700 K STREE	I S a tu						
WASHINGTON	N, DC 20006					<u>,</u>	(Depositor's name)
							(Signature)
			Ĺ				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/743,436 TITLE OF INVENTION	12/23/2003 N: MEDICAL INJECTOR	R AND MEDICAMENT	Mark W. Rice LOADING SYSTEM F	OR USE THEREWI	ГН	88066-5499	7526
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	01/09/2008
EXAN	IINER	ART UNIT	CLASS-SUBCLASS	\neg			
MACNEILL, ELIZABETH		3767	604-068000	_			
 Change of correspondence address or indication of "Fee Address" (3° CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un	less an assignee is ident th in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON a ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (CI	patent. If an assignment.	COUNT	,	ocument has been filed for
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	🗖 Individual 🗷 C	orporat	ion or other private gro	oup entity Government
4a. The following fee(s) Lagrangian Issue Fee Description Fee (1) Advance Order -	No small entity discount p		 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1814 (enclose an extra copy of this form). 				
• •	s SMALL ENTITY state	ıs. See 37 CFR 1.27.	b. Applicant is no l				
interest as shown by the	records of the United Sta	ites Patent and Trademark	Office.	n the applicant, a reg	istered	attorney of agent; or ti	he assignee or other party in
Authorized Signature	- Wiff	nd		Date De	cemb	er 31, 2007	
Typed or printed nam			· ·	Registration l			
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